PTO/SB/17 (12-04v2)
Approved for use through 07/31/2008, OMB 0651-0032

	U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERC
Under the Paperwork Reduction Act of 1995, no persons are required to respond to	o a collection of information unless it displays a kelld OMB control number

Fees oursuled to the	Effective on 12/0/ Consolidated Approx	9/2004. ariations Act, 2005 (H.R. 4	818).		Com	piete if Known		
		SMITTAL		Application Number	10/526,28	5	RECEIVED	
- 	or FY		- I	Filing Date	03/02/200	5	CENTRAL FAX CEN	TER
	OFFI	2005	ľ	First Named Inventor	Dharmadi	nikari et al.	MAY 1 a 200	<u>.</u>
Applicant claims	small entity sta	itus. See 37 CFR	1.27	Examiner Name	Graffeo, N	fichael	- 101 1 3 200	;
TOTAL AMOUNT O		420.00		Art Unit	1614			
TOTAL AMOUNT O	P PATRIENT	(\$) 130.00		Attorney Docket No.	006420.00	0004		
METHOD OF PAY	MENT (check a	all that apply)						
Check Cred	it Card Mo	oney Order 🔲 No	ne 🗆 Oti	her (please identify)	÷			
Deposit Account	Deposit Accou	nt Number: 19-07	33	Deposit Accoun	t Name: Ban	ner & Witc	off, LTID.	
For the above	ve-identified dep	osit account, the D	rector Is her	aby authorized to: (ct	eck all that ap	ply)		
☑ Chan	ge fee(s) Indicat	ed below		☐ Charge	fee(s) indicate	d below, excep	ot for the filing fee	
⊠ Chan	ge any additiona	il fee(s) or underpay	ments of fe	e(e) 🔀 Credit s	my overpayme	nts		ĺ
WARNING: Information			dit card infor	mation should not be i	ncluded on this	form. Provide ci	adit card information and	İ
authorization on PTO-2					-			
FEE CALCULATIO		<u> </u>						
1. BASIC FILING,	SEARCH, AN	ID EXAMINATIOI FEES		CH FEES	EXAMINA	ATION FEES		
		Small Entity		Small Entity		Small Entity		
Application Typ		Fee(\$)	<u> </u>		<u>Fee(\$)</u>	Fee(\$)	Feet Paid (\$)	
Utility	300	150	500	250	200	100	· ·	l
Design	200	100	100	50	130	65		ĺ
Plant	200	100	300	150	160	80		١.
Reissue Provisional	300 200	150 100	500 0	250 0	600 0	300 0		
l		100	U	U	V	U	SmallEntity	1
2. EXCESS CLAIM Fee Description	A FEEO					Fee (\$)	Fde (\$)	1
Each claim over 2) (including Rei	iegree\				50	25	
Each independent						200	100	
Multiple dependen		5				360	180	
<u>Total Claims</u>		<u>Claims</u> <u>Fee</u>	<u>(\$)</u>	Fee Pald (\$)		<u>Multiple</u>	Dependent Claims	
- 20 0	r HP=	_ ×	_ =			Fee (\$) <u>Fee Paid (\$)</u>	
HP = highest numb	-	ald for, if greater than						l
<u>Indep. Claims</u>		<u>Claims</u> <u>Fee</u>	<u>s)</u>	Fee Paid (\$)				
-3 or		X claims paid for, if grea	=					
		caerns pead tor, ir grea	ner then 3.					İ
3. APPLICATION 8		reed 100 sheets of	naner (exclu	ding electronically f	iled sequence (or computer		l
listings und	er 37 CFR 1.52	(c)), the application	size fee du	is \$250 (\$125 for sr	nall entity) for	each additions	ıl 50	
sheets or fra	ction thereof. S	ee 35 U.S.C. 41(a)	(1)(G) and 3	7 CFR 1.16(s).				
Total Shee				additional 50 or fro		f Fee (\$)	Fee Raid (\$)	
4. OTHER FEE(S)	100 =	/ 50 =	(round	up to a whole num	iber) x		Fees Paid (\$)	
		\$130 fee (no small	entity disco	unt)				
_		arge): Late Filing F					\$130.00	
SUBMITTED BY	_							
Signature	Men	1/1/1/	331	Registration No. (Attorney/Agent)	32,168	Talephone	(312) 463-5000	
Name (Print/Type)	Robert H. F	Resis		((respectation a)		Date	05/19/2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentishly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is ceitimated to take 30 minutes to complete, including gathering, preparing, and submitting the completediasplated form to the USPTO. Time will vary depending upon the includest case. Any comments on the emount of time you require to complete this form embry suggestions for reducing this bunder, should be zent to the Chief information Officer. U.S. Patent and Trademark Officer. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22319-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22319-1450.



I O SOUTH WACKER DRIVE, SUITE 3000 CHICAGO, ILLINOIS 50606

TEL: 312.463.5000 FAX: 312.463.5001 www.bannerwitcoff.com

FACSIMILE TRANSMITTAL SHEET				
TO:	FROM:			
MAIL STOP PCT	Robert H. Resis	RECEIVED CENTRAL FAX CENTER		
COMPANY:	DATE:	MAY 1 9 2006		
USPTO	May 19, 2006	MAI 1 3 2000		
FAX NO.:	TOTAL NO. OF PAGES: (inc	cluding cover sheet)		
(571) 273-8300	6			
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO	Ö.:		
10/526,285	006420.00004			

RE:

In re: Appin. Of Dharmadhikari, et al.

Appln. No. 10/526,285

For: Pharmaceutical Composition of Metaxalone with Enhanced Oral Bloavallability

OFFICIAL FAX

If you do not receive all page(s) or have any problems receiving this transmission, please call:

NAME:	PHONE:
Alma Bahena	312-463-5565

COMMENTS:

Submission of Missing Requirements

Important/Confidential: This message is intended only for the use of the Individual or entity to whom it is addressed. This message contains information from the law firm of Banner & Witcoff, Ltd. which may be privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, retention, archiving, or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately at our telephone number listed above. We will be happy to arrange for the return of this message to our offices at no cost to you.

CHICAGO

WASHINGTON, D.C.

BOSTON

PORTLAND, OR

PT0/SB/21 (09-04)
Approved for use through 07/31/2005, 04/8 0681-0031
U.S. Patent and Trademark Office: U.S. DEPAR*/MENT OF COMMERCE
Under the Paperwork Radiuction Act of 1995, no persons are required to respond to a colection of information unless it displays a valid QMB control number.

TD A MODELT A 1		Application Number	er	10/526,285		7
TRANSMITTAL FORM		Filing Date		03/02/2005	RECE	YEC
		First Named Inven	itor	Dharmadhikari, et	A CENTRAL FA	CE
		Art Unit		1614	MAY 1 0	201
(to be used for all correspondence after initial filing)		Examiner Name		Graffeo, Michael	·	
Total Number of Pages in This Submiss		Attorney Docket N	umber	008420.00004		7
	ENCLO	SURES (check all the	et apply)]
Fee Transmittal Form	Drawing(s	s)		After Allowance	Communication to TC	
Fee Attached	Licensing	-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Briof, Reply Brief)		
After Final		Convert to a al Application		Proprietary Inform	matton	İ
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):		
Express Abandonment Request	Request for Refund			Submission of Missing Requirements Executed Declaration		
		•		Facsimile Coversheet		
☐ Information Disclosure Statement		dscape Table on CD			•	4
Certified Copy of Priority Document(s)	Remarks additional fee	Commissioner o as or credit any overp		is hereby authorized to deposit account 19		
Reply to Missing Parts/ Incomplete Application						
Reply to Missing Parts under 37 CFR1.52 or 1.53						
SIGI	NATURE OF A	APPLICANT, ATTO	RNEY, OF	R AGENT		
Flm	Banner &	Witcoff, LTD.				
Signature	M	M///	135	7		
Printed Name	Robert H. F	Resis				
Date	06	Reg. No. 32,168				
	CERTIFICA	TE OF TRANSMISS	IAMMOI	ĹING		7
I hereby certify that this corresponden Service with sufficient postage as fin Alexandria, VA 22313-1450 on the date	st dass mall l	simile transmitted to the an envelope address	ne USPTO ssed to: C	or deposited with the commissioner for Pate	United States Postal ents, P.O. Box 1450,	1
Signature	res 5	. Ware				7
- 10-	Nes E		ì	Date 5 -	19-06	リ

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. The will vary depending upon the individual case. Any comments on the amount of time your require to complete this form another suggestions for reducing this burdon, should be sent to the Chief information Officer U.S. Department of Commente, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.